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# WORLD RESEARCH IN ALCOHOLISM

annotated bibliography  
for the professional staffs of Illinois State Hospitals

published monthly by

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Dwight H. Green, Governor

## DEPARTMENT OF PUBLIC WELFARE

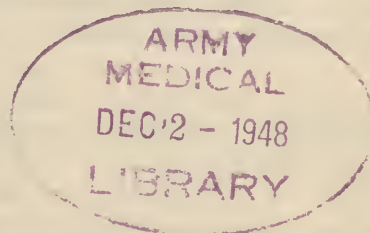
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109. BRENNAN, E. L. (Psychiat., St. Francis Hosp., Hartford, Conn.): Alcoholic clinic at St. Francis Hospital. Hosp. Prog. 29: 77-8, Feb. 1948. One of the first general hospitals in New England to establish (7/28/47) an inpatient clinic for patients suffering from acute alcoholism. Clinic set up with co-operation of local A.A. with admissions limited to persons referred by A.A. Length of stay averages five days. On discharge, patients sent back to A.A. Report from A.A. on the first 60 patients discharged shows: Abstaining to date through contact with A.A., 40; relapsed but doing well in A.A., 6; doing well but not certain of interest in A.A., 1; relapsed and not interested in A.A., 5; cannot locate to date, 4; regarded as having other psychiatric problems, 4. The A.A. group plans to continue periodic checkups on discharged patients which will have more significance later.
110. CAMPBELL, A. C. P. and BIGGART, J. H. (Scottish Mental Hospitals Lab., and Dept. of Path., Edinburgh Univ., Scotland): Wernicke's encephalopathy (polio-encephalitis haemorrhagica superior): its alcoholic and non-alcoholic incidence. J. Path. Bact. 48:245-62, 1939. "12 cases of Wernicke's encephalopathy are recorded. Only one of these occurred in a frank chronic alcoholic and in a majority alcohol could be completely eliminated as a causal factor." --- Authors.
111. CHAUCHARD, P., MAZOUÉ, H., and LECOCQ, R. (physiol., Sorbonne, Paris): Chronaximetric study of experimental chronic alcohol intoxication; attempted protection by sugars and thiamine. C. R. Soc. Biol., Paris 140: 47-8, 1946. "Daily administration of ethyl alcohol (5-10 g./kg.) to rats caused a decrease in nerve chronaxia and an increase in muscle chronaxia, similar to the changes seen in polyneuritis and acidosis. Feeding glucose or lactose had a slight corrective effect; thiamine or riboflavin or both together had no beneficial effect on chronaxia." -- Gilson in Chem. Abstr.
112. \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_: Comparative effectiveness of nicotinamide, adenine, and ammonia therapy in experimental alcoholism. C. R. Soc. Biol., Paris 140: 279-80, 1946. "In rats given ethyl alcohol, oral administration of  $\text{NH}_4\text{OH}$  or  $(\text{NH}_4)_2\text{CO}_3$  was more effective in suppressing neuromuscular disturbances than the nicotinamide-adenine mixture. Ammonium acetate, chloride, and oxalate were ineffective." --- Gilson in Chem. Abstr.
113. CONFERENCES ON THERAPY: The treatment of alcoholism. Depts. of Pharm. and Med., Cornell U. Med. Coll. and N.Y. Hosp. N.Y. State J. Med. 47:1697-1704, 1947. "About 2,500,000 people in the U. S. suffer from this malady; 200,000 are seriously sick. In 10-15% of state hospital admissions alcoholism is a factor and a major cause of psychoses. 'Psychotherapy' is at present often applied (also group therapy) with admission to hospital, vitamins, sedatives, electric shock and conditioned reflex therapy. ... Main points in treatment of acute alcoholism (delirium tremens, etc.): combined insulin-glucose therapy, with vitamins added (thiamin, nicotinic acid, ascorbic acid, riboflavin) high caloric diet, with much protein and carbohydrate. In anxiety delirium: hydrotherapy, with paraldehyde. For chronic alcoholics: admission to hospital, abrupt withdrawal of alcohol; psychological exploration and self-analysis; in some hospitals conditioned aversion therapy (emetine-pilocarpine-ephedrine injection, together with a drink). Besides this: practical help through A.A. members. ... In all cures much depends on the man himself, and his willingness to co-operate; his conscious or unconscious difficulties must always be corrected for ultimate success. Discussion showed that several therapeutic points have not yet been clarified: e.g. the effect of insulin-glucose on alcohol oxidation; the role of vitamin B fractions. Points



stressed: Parenteral saline administration in cases of severe dehydration, stimulants for circulatory collapse, in hospital the sudden withdrawal of alcohol is no serious contingency (sedation by paraldehyde, together with psychotherapy)." -- Van Loon in Excerpta Med. VIII.

114. CONNECTICUT STATE HOSPITAL FOR ALCOHOL ADDICTS. (Medical News.) J. Amer. Med. Ass. 135: 586, 1947. "Preparation of plans for construction of a \$425,000 hospital in New Haven for alcoholic addicts has been authorized by the State Controller's Office. Construction of the hospital for use as a treatment center by the State Commission on Alcoholism was authorized by the 1947 General Assembly."
115. DAHLBERG, G. (Head, State Inst. Human Genetics and Race Biol., Uppsala, Sweden): The occurrence of alcoholics and their treatment. A social-statistical analysis for the town of Malmö 1929-1938. Acta med. Scand., Stockholm 111: 325-58, 1942. Material comprises 1,313 alcoholics. "It has been shown that in Malmö among men living up to the age of 75 a little more than 14% are taken care of at least once because of their being alcoholics of a chronic type. For women the corresponding figure is 0.5%. ... These figures show that the spread of alcoholism is far greater than generally believed. Eighty per cent are reported a second time. The lowest frequency is found for alcoholics who were interned. The harder the measure taken, the greater is, as a rule, the success. ... The criminality figure is high. ... (Treatment) Apparently in many cases supervision is too lenient a procedure, while long internment is too severe. Short term internment should be organized at a special institution for two months at the most. Then the person would have time to sober down and think things over. It would be possible to conceal his stay at the institution, and it would be easier to arrange for him to be permitted to keep his work. He would not come into contact with degraded inebriates, interned for the second or third time, to whom the institution is nothing but a sanatorium where one gathers strength for new excesses. This proposition was put forward as early as 1934. It has not met with public opposition, but it has not been accepted by the authorities." ---- Author.
116. DAVIS, C. N. (psychiat., C. Dudley Saul Clinic, Philadelphia): Experience in short-term hospitalization of the alcoholic. A preliminary report. Quart. J. Stud. Alcohol 8: 55-60, 1947. "The management of 233 alcoholic first admissions to a clinic is reviewed. Treatment included fluids, vitamin B complex, glucose, insulin, and limited sedation. Ambulatory patients attend group-therapy sessions, to some of which members of the family are invited. The procedures aim to establish the diagnosis of alcoholism and

**PLEASE NOTE:** WORLD RESEARCH IN ALCOHOLISM is intended as a bibliographical reference source of articles and books published currently and during the past decade, providing side-by-side comparisons of related work in psychiatry, psychology, physiology, pathology, biochemistry, sociology, and allied fields. Views expressed in the summaries and abstracts are those of the authors.

Authors of research in alcoholism are invited to supply the Research Editor with two reprints of their publication for the LIBRARY OF WORLD RESEARCH IN ALCOHOLISM, along with an abstract indicating purpose, findings, and conclusions. Abstracts should be kept under 100 words for publication in the annotated bibliography.

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attendant complications; give the patient a period of sobriety during which a therapeutic start can be made; provide guidance for the patient in the adoption of a life program without alcohol. A tentative success rate of 41.6% is indicated." ---Author.

117. DE WARDENER, H. E. and LENNOX, B. (morbid anat., Postgrad. Med. Sch., London): Cerebral beriberi (Wernicke's encephalopathy). Review of 52 cases in a Singapore prisoner-of-war hospital. *Lancet*, London, 252:11-17, 1947. "Acute thiamine deficiency appears to be the sole cause of the syndrome. The name cerebral beriberi is suggested. Alcohol may be completely excluded from the aetiology of our cases. Only 2 patients gave a history of previous alcoholism, and no alcohol was obtainable in Changi."
118. DESHAIES, G.: Les conditions psychologiques de l'alcoolisme. Les processus psychologiques. (The psychological conditions leading to alcoholism. The psychological process.) *Hyg. Ment. suppl., Encephale*, Paris, 36: 17-36, 1947. "Alcoholism is engendered by (1) imitation; (2) derivation: diversion of the pressure brought about by a latent or manifest conflict; (3) compensation for an inferiority complex; (4) self-destructive tendencies; (5) unhealthy impulsiveness. The author believes these five factors usually combine, but that hedonistic tendencies are, especially among young people, the fundamental cause of alcoholism." -- Schenk in *Excerpta Med. VIII*.
119. DUFEE, C. H. (Rocky Meadows Farm, Wakefield, R. I.): Certain aspects of problem drinking. *R. I. Med. J.* 30: 651-6-, 1947. "The label 'problem drinker' is preferred to 'chronic alcoholic' because of the suggestion of moral stigma attached to the diagnosis of 'chronic alcoholic.'... Certain symptoms are a warning to the incipient problem drinker: (1) to black-out; (2) compulsive drinking of 'quick ones' and so-called 'pantry-drinking'; (3) an unwillingness to talk about liquor as a problem in his life; (4) rationalization to justify drinking; (5) unwillingness to attend any type of social functions where liquor is not served; (6) change in the character of hangovers, becoming more severe and incapacitating; (7) gastro-intestinal disorders (leads to vitamin deficiency); (8) insomnia and irritability. ...Problem drinking occurs in the normally integrated personality as well as in the psychoneurotic. The problem drinker usually must 'hit rock bottom' before he is ready for successful treatment. Also objectivity toward himself and his problem and the resulting insight are essential to the patient who enters a course of treatment. A history of a previous successful occupation also adds to the prognosis. Confinement is usually not required for successful treatment; only when the real situational factors are too complex and provide too great a strain on the patient. ..." -- Chornyak in *Excerpta Med. VIII*.
120. DURYEA, L. C.: Medico-legal problems of alcoholism. *Rec. Ass. Bar City N.Y.* 3: 1948. "Duryea submits there is no evidence that excessive drinking has been diminished by the punitive approach. In effect, laws governing alcoholism give no practical consideration to the alcoholic individual. There should be a legal differentiation between intoxication per se and compulsive drinking. ... Psychiatric court examinations should be provided to determine the type of alcoholism and within the structure of the courts special alcoholic parts should be established to make possible intelligent handling of the large number of alcoholics now appearing before the courts and crowding the jails. It is suggested that laws be enacted to deal with the handling, care, and treatment of alcoholics. Certain recodification is needed, designating the alcoholic a sick person rather than a criminal, and all descriptive terms should have a medical rather than a punitive connotation." -- Abstr. in *Am. J. Psychotherapy*.



121. EVSEEFF, G. S. (Traverse City State Hosp., Mich.): Group psychotherapy in the state hospital. *Dis. Nerv. Syst.* 9:214-18, 1948. Discussion of three types of group psychotherapy as applied in a state hospital. "One group was developed for the chronic alcoholic, the primary objectives being (1) to gain their co-operation ... and (2) to impregnate them with an idea that they are in serious need of psychiatric treatment because their drinking is the result of one or another form of personality disorder from which they are suffering. The first phase of group therapy is designed to stress that there is a serious problem behind his drinking, and that his own attempts to solve the problem have not been successful and will again fail, unless his new attempts are of a different sort. ... The second phase incorporates modified group therapy approach, taking on the semblance of the academic or classroom technique. ... The third phase is uncovering, or what we call dynamic phase. During this period an attempt is made to have as much individual psychotherapy as possible along with the group proceedings." -- Author.
- 122 GRAY, M. G. and MOORE, M. (Washingtonian Hosp., Boston, Mass.): A comparison of alcoholism and drug addiction with particular reference to the underlying psychopathological factors. *J. Crim. Psychopath.* 4:151-61, 1942. 11 ref., 1 table. Data are presented about the alcoholic habits of 841 patients admitted to mental hospitals in Massachusetts between 1917 and 1933 diagnosed with and without psychosis due to drugs. "(1) The similarity in the physical condition of the drug addict and of the alcoholic probably depends largely on poor habits of hygiene and the faulty dietary habits which lead to vitamin deficiencies. (2) Reasons given by patients for resorting to either drugs or alcohol are practically identical and are dependent upon a desire to escape reality. (3) The psychopathology in each case is based upon a foundation of personal inadequacy, social maladjustment and psychological disturbance. (4) In many of the cases of drug addiction there was also intemperate use of alcohol, and these patients might equally well have been classified as alcoholic psychotics. (5) In the group of patients with psychoses due to drugs, 50.4% of the males and 25.5% of the females gave a history of intemperance; of the readmitted patients, 74.3% of the males and 54.2% of the females were intemperate in the use of alcohol. (6) In the group of patients without psychosis but having some milder mental disorder due to drugs, 42.4% of the males and 13.1% of the females were intemperate in the use of alcohol. (7) The intemperate use of alcohol is a serious complication of drug addiction with or without psychosis. It probably accounts for a recurrence of mental illness necessitating readmission to the hospital in many cases. (8) The Problem of drug psychoses is relatively unimportant compared with that of the psychoses arising from alcoholism. (9) The treatment and prevention of addiction must be directed toward altering or compensating for the factors which antedate the characteristic symptoms." -- Authors.
123. GREENBLATT, M., LEVIN, S., and DI CORI, F. (Dept. Psychiat., Harvard Med. School, Boston): The electroencephalogram associated with chronic alcoholism, alcoholic psychosis and alcoholic convulsions. *Arch. Neurol. Psychiat.* 52: 290-5, 1944. A comparison of tracings from 240 control subjects with those from 157 cases of alcoholism and 115 cases of idiopathic epilepsy indicates that: "The incidence of EEG abnormality in patients with chronic alcoholic disorders increases with age. Persons with chronic alcoholism without psychosis, irrespective of the duration of drinking, show essentially nothing of significance in the EEG. Chronic alcoholism with psychosis is in general associated with an incidence of EEG abnormality which is higher than normal. ... No evidence of paroxysmal dysrhythmia was found in 5 patients with pathologic



intoxication, although 3 of the 5 patients had abnormal EEGs. ... the highest incidence of EEG abnormality was found among those with deterioration or Korsakoff's syndrome. ... A relatively low incidence of EEG abnormality (17%) was found in a series of 24 patients with 'rum fits' (with a negative family history and a negative past history for epilepsy and with seizures occurring only in association with alcoholism). On the other hand, a relatively high incidence of EEG abnormality (75%) was found in a large series of patients with idiopathic epilepsy with onset of seizures in the same age range as that of the patients with 'rum fits.' An abnormal EEG may be of aid in predicting the duration of illness in patients hospitalized for chronic alcoholism." -- Authors.

124. JOKOVARTIO, E., and HELVE, O. (Psychiatric Observation Hosp., and Dept. Med. Chem., Univ. Helsinki, Finland: I. A study of the lipid, phosphorus and sugar content of the blood in chronic alcoholism. Acta psychiat. neur. suppl., Copenhagen, 47: 179-207, 1947. (Report on the Eighth Congress of Scandinavian Psychiatrists in Copenhagen, 1946.) 22 ref. "A study of 21 cases of chronic alcoholism has been made; 7 cases were classified as delirium tremens, 3 as hallucinosis alcoholica, and the remaining 11 as chronic alcoholism. Results: A rise was found in most cases in the total cholesterol and to a slighter extent, in the ester cholesterol of the plasma. Total lipin phosphorus and ether-soluble lipin-P values were observed to be slightly higher than the normal mean. The ratio between phosphatides and total cholesterol was in almost all cases below the normal mean. Regarding phosphorus fractions with relation to whole blood, plasma, and erythrocytes, the following was observed: as regards inorganic phosphate, hexosephosphate-P, total acid-soluble and total phosphorus no divergencies from the normal were observed, ... The pyrophosphate-P values were lower than the normal mean in all cases except one in whole blood, and in all cases in the red cells. The diphosphoglyceric-acid-P values were higher than the normal mean in whole blood in the total number of cases excepting one, and in the red cells in all cases. The P-fraction values of the plasma varied within the normal limits. It is assumed that the changes in the plasma lipids are due to unvaried and in most cases inadequate diet. The changes observed in the pyrophosphate-P and in the diphosphoglyceric-acid-P may be ascribed to the same cause, although they may be influenced in part by disturbances in the ester synthesis in the red cells caused by chronic alcoholism. The patient's blood sugar varied within the normal limits, except for one case of hyperglycemia." -- Authors.

125. \_\_\_\_\_, and OKKO, E.: II. A study of the blood bilirubin, indican and ketones, and of the vitamin B-1 content in the urine in chronic alcoholism. Acta Psychiat. neur. suppl., Copenhagen, 47: 208-17, 1947. 21 ref. (Based on same cases as above) Results: The serum bilirubin was in no case higher than it can be in a healthy, abstaining person who has fasted for 22-36 hrs. A rise in the serum indican was observed in barely one-fifth of the cases. This does not support the opinion that indicanemia would be characteristic of some form of chronic alcoholism. The ketones in the blood exceeded the highest control value in two-thirds of the cases, which indicates a disposition to ketonemia in chronic alcoholism. In two-thirds of the cases vitamin B-1 was completely lacking, very low, or very near the lowest limit. The variations from the normal observed in bilirubin, ketones, and vitamin B-1 seem to be chiefly due to the inadequate and unvaried diet which is characteristic of alcoholics. In addition, the low vitamin B-1 values are apparently influenced by gastro-intestinal disturbances of resorption and the greater consumption of vitamin B-1 caused by alcohol." -- Authors.



126. KARPMAN, B., (Chief psychotherapist, St. Elizabeth's Hosp., Washington, D.C.): The Alcoholic Woman. Wash., D.C., Linacre Press. 241 pp. \$3.75. Case studies in the psycho-dynamics of alcoholism. Sponsored by the Washington Institute of Medicine Research Foundation.
127. KLIMO, Z.: Liecba deliria tremens narazom kalcia. (Treatment of delirium tremens with intensive calcium therapy.) Bratislavske lekars.List., Czechoslovakia, 27: 189-194, 1947. "The author reports on the treatment of 29 patients with typical delirium tremens, attributing his 'very satisfactory' results mainly to the use of large doses of calcium, which was given as calcium gluconate or calcium chloride in 10% solution, 10 ml. intravenously and 10 ml. intramuscularly, twice daily, total daily doses being 4 g. for 1 or 2 days, then less for another day or two when clinical improvement had begun. In addition, vitamins C and B (amounts not stated) were given, together with 20% glucose and small doses (10 to 20 units) of insulin once a day. Hypnotics are considered to be contra-indicated. On this treatment most of the patients quietened down within 2 or 3 days, the improvement being ushered in by a long sleep. This occurred in 19 patients after 8 g. or less of calcium had been given, in 7 after 12 g., and in 3 after 18 to 24 g. None died, but 1 relapsed on the third day. One was critically ill for 5 days with signs of circulatory failure but eventually recovered. In one case of incipient delirium, prophylactic treatment with calcium failed to prevent the outbreak. This treatment is stated to shorten the course of the illness in every case. In surgical patients who were chronic alcoholics, massive therapy failed to make them less resistant to anaesthesia." -- Abstr. World Med.
128. PIRON, J. (Inst. Psychiat., Univ. Brussels, Belgium): Contribution a l'etude du delirium tremens. (A contribution to the study of delirium tremens.) J. Belge Neurol. Psychiat. 44-46: 9-32, 1946. "An excellent account of delirium tremens, considered especially from the aspects of aetiology, pathogenesis, and physiological pathology, and illustrated by reports on 66 of the author's own cases. The conception of delirium tremens as an infectious condition - an encephalitis - which was upheld by Toulouse, Marchand, Courtois, is rejected, equally with the hypothesis that it results from renal intoxication. That renal intoxication does occur is admitted by the author, but he regards it as essentially a secondary manifestation." -- Massion in Excerpta Med.
129. PULLAR-STRECKER, H. (British Hosp. for Funct., Ment. and Nerv. Dis., London): The use of insulin in the treatment of alcoholism and alcoholic addiction. Brit. J. Inebriety, London 43:14-38, 1945. "The mechanism of the massive and modified insulin and the insulin-glucose therapies is explained and the investigations on the effects of insulin in alcoholic intoxication are reviewed. Insulin has been used before with success in the treatment of acute intoxication and of excessive drinking with underlying schizophrenia. It is now recommended especially for the treatment of alcohol addiction. ... as regards its effect upon craving, insulin cannot compete with apomorphine; as regards its effect upon personality and reorientation, it is superior to every known physical agent; a combination of these two agents, therefore, appears promising in obstinate cases of addiction." -- Abstr. in Quart. J. Stud. Alcohol.
130. RESEARCH COUNCIL ON PROBLEMS OF ALCOHOL. J. Amer. med. Ass. 135: 1161, 1947. "Submitted an initial grant of \$6,000 to the Biochemical Institute of the University of Texas Medical Branch, Galveston, to undertake fundamental research on individual patterns of metabolism in order to determine the possible relation of body processes to susceptibility to alcoholism. ...second grant made this year by RCPA to medical schools and their affiliated re-



search hospitals in an effort to unearth the causes of problem drinking and more effective methods of treatment. Early in the year a grant of \$30,000 a year for 5 years was made to Cornell U. Med. Coll. - New York Hosp. ... Research projects on the causes of compulsive drinking are presently planned for New York U. - Bellevue Hosp.; U. of I. Chicago; and the U. of Calif. Med. School, Berkeley - San Francisco."

131. REVILLIOD, H. (Geneva, Switzerland): Impact of legislation on the treatment of alcoholics in Switzerland. Brit. J. Addict. 45: 68-71, Jan. 1948. The State gives an efficient contribution to the treatment of alcoholics in various ways: (1) In the State hospitals for mental diseases and in some departments of the general hospitals; (2) by subsidizing the outpatient clinics and sanatoriums for alcohol addicts; (3) by legal cantonal and federal measures. Recently the Federal Council (Central Swiss Government) has created a 'federal committee against alcoholism' to which belong several physicians, university professors, and scientists. Their task is to provide scientific research concerning the effect of alcohol on the human body and to give advice concerning the prevention of alcoholism and the assistance necessary to victims. ... -- Author.
132. RIGDON, R. H. (Path., U. Tenn., Memphis): Effect of ethyl alcohol intoxication on the development of local inflammatory reactions in the rabbit. J. Lab. Clin. med. 28:714-20, 1943. "In rabbits intoxicated with ethyl alcohol, polymorphonuclear leukocytes failed to localize about areas of injected bacteria in the skin. In the same animals leukocytes accumulated in the intestinal tract when injected with similar bacteria. Alcohol lowered the circulation of the blood in the skin and it was thought that this accounts for the decreased localization of leukocyte and diminished inflammatory reaction in the skin in intoxicated animals." -- Ashworth in Biol. Abstr.
133. SOME ASPECTS OF THE PROBLEM OF THE N.Y. STATE MENTAL HOSPITALS SYSTEM. Report of the Committee on Public Health Relations of the N.Y. Acad. Med. Prepared by E. H. L. Corwin and Thelma Pierce. N.Y. State J. Med. 48:529-34, 1948. (Overcrowding) ... "There are two groups of patients who, to a large extent can be expected to disappear from the rolls of the state mental hospitals: (1) general parietic patients: (2) alcoholics - few of this group require long-term care. For the most part, alcoholic patients admitted to mental hospitals are suffering from acute episodes and do not need the type of care which the state mental institution is planned and equipped to render. With few exceptions, alcoholic patients can better be cared for in special divisions of general hospitals. A period of observation in the general hospital, of sufficient length to determine the probable duration of the aberration, would make it possible to eliminate from state hospital rolls all but those few alcoholic patients whose mental illness is of a permanent character. Proper methods of treatment designed to reach the root of the difficulty, and carried out in a special unit of the general hospital should make it possible for many alcoholics to return to society; those who are irredeemable should be placed in appropriate farm colonies. ..."
134. THIMANN, J., and PRICE, G. M. (Washingtonian Hosp., Boston, Mass.): Modern trends in the treatment of alcohol addicts. J. soc. Casework 27:222-9, 1946. "Differential diagnosis is suggested of different kinds of alcohol addicts, such as the psychoneurotic, the ex-social drinker and the symptomatic addict whose uncontrollable drinking is a symptom of underlying mental disease or mental deficiency. Psychotherapy and part-time protective environment with full-time occupation on the outside are discussed." -- Authors.